

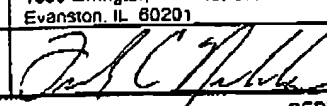
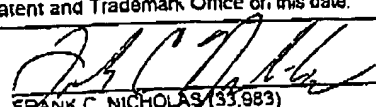
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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Attorney Docket No	AUS920010923US1 (9000/81)
	Application Number	09/981.877
	Filing Date	OCTOBER 18, 2001
	First Named Inventor	ANTHONY E. MARTINEZ
	Group Art Unit	2173
	Examiner	BONSMOCK, D.

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response and Amendment to Office Action Dated May 5, 2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Petition for Extension of Time Request (dup) <input type="checkbox"/> Express Abandonment Under 37 CFR 1.138 <input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Total	Minus		0	x \$9=	0	x \$18=	
Indep.	Minus		0	x \$43=	0	x \$88=	
First Presentation of Multiple Dep. Claim				+ \$145=	--	+ \$280=	
				total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature			Date <u>June 7, 2004</u>
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